



TEMPORARY EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY

Tax Filing Status: _____

Data Entry Score: _____

10-Key Score: _____

☐ Clerk ☐ Data Entry ☐ Scan Oper

PERSONAL INFORMATION

Name: _____ Social Security #: _____
Address: _____ Home Phone: () _____
City/State: _____ Work Phone: () _____
Zip Code: _____ Other Phone: () _____

(1) How did you find out about this job? ☐ Newspaper Ad ☐ Web site ☐ Church ☐ School job service
☐ Other: _____

(2) Have you ever worked at the Department of Revenue? ☐ Yes ☐ No

(3) Do you have any relatives that work here? ☐ Yes ☐ No
If "yes," please provide names: _____

(4) Are you currently employed? ☐ Yes ☐ No
If "yes," where: _____

(5) Have you ever been fired from a job or resigned to avoid dismissal or termination? ☐ Yes ☐ No
If "yes," please explain: _____

(6) Have you ever been convicted of a felony? ☐ Yes ☐ No
If "yes," please explain: _____

EDUCATION

(1) Please check the highest education level attained: ☐ No academic credentials ☐ High school diploma/equivalent ☐ Trade school
☐ Some college ☐ Associate degree ☐ Bachelor degree
☐ Master degree ☐ Ph.D.

(2) If attended college, please list:

(A) School Name _____

(B) Major _____

(C) Total # of hours earned _____

(3) Are you currently attending school? ☐ Yes ☐ No
If "yes," please indicate the number of hours attending: _____

(4) Please list office machines you can operate (i.e., 10 key touch, microfilming equipment, banking equipment, etc.) _____

(5) Please indicate your abilities in the following areas:

(A) Typing

☐ Yes

☐ No

WPM: _____

(B) 10-key touch

☐ Yes

☐ No

K/S: _____

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WORK EXPERIENCE *(Please start with your present or most recent position)*

From __ / __ / __ To __ / __ / __

Employer: _____

Job Title: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Phone Number: _____

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Assigned Duties: _____

From __ / __ / __ To __ / __ / __

Employer: _____

Job Title: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Phone Number: _____

()

Assigned Duties: _____

From __ / __ / __ To __ / __ / __

Employer: _____

Job Title: _____

Salary: _____

Reason for Leaving: _____

Supervisor's Name: _____

Phone Number: _____

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Assigned Duties: _____

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION

AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of state government for the purpose of determining my eligibility and suitability for employment. I have received, read, understand, and agree to comply with all guidelines on the Temporary Employment Information sheet.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected or may constitute sufficient grounds for dismissal.

Date: _____ Signature: _____

The Louisiana Department of Revenue requests the data below so that we may comply with federal Equal Employment Opportunity Law requirements. The information is strictly VOLUNTARY and in no way influences employment prospects.

Race: (Please check one)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |

Date of Birth:

__ / __ / __

Sex (please check one):☐ Female ☐ Male